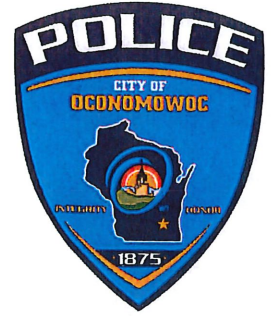


City of Oconomowoc Police Department

JAMES P. PFISTER
FBINA 259
Chief of Police



VICTIM RESTITUTION FORM

This form must be returned within 10 days of you reporting this offense to City of Oconomowoc Police Department. If you fail to return this form within the 10 days, you will not receive restitution in court for your loss. If you are unable to report the exact amount of your losses within ten days you must submit this form with an estimated amount and then follow up prior to the suspect's court date to ensure restitution.

IR NUMBER: _____

Your Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Best Time: AM PM

PROPERTY DAMAGE/LOSS

List each item and the amount being claimed. Include copies of bills or estimates.
Please do not include undamaged recovered items.

\$ _____
\$ _____

Use other side for additional items

OUT-OF-POCKET EXPENSES

List any medical, counseling, or other out-of-pocket expenses

\$ _____
\$ _____

Use other side for additional items

INSURANCE INFORMATION

Please call your insurance company for this information

Insurance Company: _____
Address: _____
Agency Name / Phone Number: _____ Policy Number: _____
Deductible you have paid: \$ _____ Amt paid by insurance: \$ _____

NOTARIZATION

_____, being first duly sworn on oath says and states the above in support of my claim for restitution.

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ day of _____, 20__

Notary Public

Commission Expiration

Signature

630 E Wisconsin Avenue
(262) 567-4401

Oconomowoc, WI 53066
(262) 569-3240 fax